

LOWELL DECL. EX. 47

BOARD OF HEALTH—CITY OF CHICAGO



Murray C. Brown
LOCAL REGISTRAR

July 7, 1976

STATE OF ILLINOIS }
COUNTY OF COOK }
CITY OF CHICAGO }
SS
I, Murray C. Brown, M.D. Local
Registrar of Vital Statistics of
the City of Chicago, do hereby
certify that I am the keeper of
the records of births, stillbirths
and deaths of the City of Chicago
by virtue of the laws of the State
of Illinois and the ordinances of
the City of Chicago; that the
accompanying certificate on this
sheet is a true copy as a record
kept by me in pursuance of said
laws and ordinances.

*This Certified Copy VALID
Only When Original BLUE
SEAL AND BLUE SIGNATURE
Are Affixed.*

MATCHING IDC

REGISTRATION
DISTRICT NO. 16.10
REGISTERED
NUMBER

STATE OF ILLINOIS

CHILD'S BIRTH NUMBER

CERTIFICATE OF LIVE BIRTH 0112- 75 640750

CHILD—NAME FIRST MIDDLE LAST DATE OF BIRTH (MONTH, DAY, YEAR) HOUR
1. Yael Henya Trattner 2a. 1975 2b. 7:58 P.M.

SEX THIS BIRTH—SINGLE, TWIN, TRIPLET, ETC. (SPECIFY) IF NOT SINGLE BIRTH—BORN FIRST, SECOND, THIRD, ETC. (SPECIFY) PLACE OF BIRTH COUNTY
3. Female 4a. Single 4b. 5a. Cook

CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) HOSPITAL—NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER)
5b. Chicago 5c. Yes 5d. Louis A. Weiss Memorial Hospital

MOTHER—MAIDEN NAME FIRST MIDDLE LAST AGE (AT TIME OF THIS BIRTH) BIRTHPLACE (STATE OR FOREIGN COUNTRY)
6a. Shelley Rae Gross 6b. 21 6c. Illinois

RESIDENCE STATE COUNTY CITY, TOWN, TWP. OR ROAD DISTRICT NO. INSIDE CITY (YES/NO) STREET AND NUMBER
7a. Illinois 7b. Cook 7c. Chicago 7d. Yes 7e. 6253 N. Talman

MOTHER'S COMPLETE MAILING ADDRESS STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
7f. Chicago Illinois 60659

FATHER—NAME FIRST MIDDLE LAST AGE (AT TIME OF THIS BIRTH) BIRTHPLACE (STATE OR FOREIGN COUNTRY)
8a. Aron Shmuel Trattner 8b. 23 8c. New York

INFORMANT'S SIGNATURE RELATION TO CHILD
9a. *Shelley Trattner* 9b. Mother

I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN ALIVE AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE. DATE SIGNED (MONTH, DAY, YEAR) ATTENDANT—M.D., D.O., MIDWIFE, OTHER (SPECIFY)
10b. 1975 10c. M.D.

SIGNATURE ILLINOIS LICENSE NUMBER
10d. *Paul Jaroski* 10e. 34563

CERTIFIER'S COMPLETE MAILING ADDRESS STREET AND NUMBER OR R.F.D. CITY OR TOWN STATE ZIP
10f. 4640 N. Marine Drive Chicago Illinois 60640

LOCAL REGISTRAR'S SIGNATURE CHICAGO BOARD OF HEALTH, DATE REC'D BY LOCAL REGISTRAR
11a. *Murray C. Brown M.D.* Chicago Civic Center, Room 105 (MONTH, DAY, YEAR) OCT 9 1975

VR 100—(119651) ILLINOIS DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL RECORDS BASED ON 1968 U.S. STANDARD CERTIFICATE

Type on Permanent Ink
See Hospital or Physicians'
Handbook for
INSTRUCTIONS

1-067

CHILD

0208

MOTHER

FATHER

CERTIFIER

Paul Jaroski
1976
MAY 5-11-76